

<b>CITY OF ANNAPOLIS</b> <b>RECORDS RETENTION AND DISPOSAL SCHEDULE</b>		Schedule No. <b>M-111</b>
	<b>FIRE DEPARTMENT</b>	Division: <b>SUPPRESSION</b>
<b>Item No.</b>	<b>Description</b>	<b>Retention</b>
1.	<b>General Correspondence</b>  Original incoming letters, copies of outgoing letters, memoranda, studies, reports, directives, policies, and other materials related to the administration of the agency.	Retain for three years, then destroy.
2.	<b>Station Daily Log</b>  Daily log of company and personnel movement, including: alarms, annual leave, emergency leave, etc.	Retain for one year, then destroy.
3.	<b>Vehicle Preventative Maintenance Check Sheets</b>  Maintenance checks on apparatus and related equipment.	Retain for one year, then destroy.
4.	<b>Fire Safety Inspection</b>  Information on businesses relating to fire safety inspections.	Retain for one year, then destroy.
5.	<b>Senior Station Officers Monthly Report</b>  Reports prepared by the senior station officer on condition of buildings, apparatus, forms management, etc.	Retain for one year, then destroy.
6.	<b>Vehicle Maintenance Records</b>  Vehicle service and repair records.	Retain for one year, then destroy.

*Edward P. Sherlock, Jr.*

Department Director

*February 29, 2000*

Date

*P. Bumble*

City Clerk

*3/10/00*

Date

*Edward C. Papenfuss*

Schedule Approved by State Archivist

*APR 27 2000*

Date

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE <u>1</u> OF <u>1</u>	
1. Department <div style="font-size: 1.2em; font-family: cursive;">FIRE</div>		2. Division <div style="font-size: 1.2em; font-family: cursive;">SUPPRESSION</div>		3. Unit <div style="font-size: 1.2em; font-family: cursive;">STATION - TAS</div>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <div style="font-size: 1.2em; font-family: cursive;">STATION DAILY LOG</div>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <div style="font-size: 1.2em; font-family: cursive; margin-top: 10px;">           DAILY LOG OF COMPANY + PERSONNEL MOVEMENT;            INCLUDING ALARMS, ANNUAL LEAVE, EMERGENCY LEAVE, ETC.         </div>					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume  <div style="font-size: 1.2em; font-family: cursive;">ACTIVE ON DESK</div> <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation  <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After  <div style="font-size: 1.2em; font-family: cursive;">18</div> Number <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg. Floor, Room) <div style="font-size: 1.2em; font-family: cursive;">OPS OFFICE</div>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention  <div style="font-size: 1.2em; font-family: cursive;">AS IS 12 months</div>		
19. Name and Title of Preparer <div style="font-size: 1.2em; font-family: cursive;">CAPTAIN G.D. SHEPHERD</div>					
20. Telephone Number <div style="font-size: 1.2em; font-family: cursive;">410 263-7975</div>				21. Date <div style="font-size: 1.2em; font-family: cursive;">8/13/96</div>	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>1</u> OF <u>1</u>	
1. Department <div style="font-size: 1.2em; font-family: cursive;">FIRE</div>		2. Division <div style="font-size: 1.2em; font-family: cursive;">SUPPRESSION</div>		3. Unit <div style="font-size: 1.2em; font-family: cursive;">STATION - T-AS</div>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <div style="font-size: 1.2em; font-family: cursive;">VEHICLE PM CHECK SHEETS</div>				5. Earliest Year/Latest Year _____ to <u>PRESNT</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <div style="font-size: 1.2em; font-family: cursive;">SHEETS USED FOR PM CHECKS ON APPARATUS &amp; RELATED EQUIPMENT</div>					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____		9. Volume  <div style="text-align: right; font-weight: bold;">Number</div> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <u>CLIPBOARDS</u> <hr/> 10. Annual Accumulation  <div style="text-align: right; font-weight: bold;">Number</div> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <u>DISPOSED W/IN AFTER CHECK</u>	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <div style="font-size: 1.2em; font-family: cursive;">1 WEEK</div> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room) <div style="font-size: 1.2em; font-family: cursive;">OPS OFFICE ON WALL</div>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention  <div style="font-size: 1.2em; font-family: cursive;">AS IS 1 YEAR</div>		
19. Name and Title of Preparer <u>Capt. SHELLER</u>					
20. Telephone Number <u>263-7975</u>				21. Date <u>8/13/96</u>	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE <u>1</u> OF <u>1</u>	
1. Department <u>FIRE</u>		2. Division <u>SUPPRESSION</u>		3. Unit <u>STATION - TAS</u>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <u>FIRE Safety inspections</u>				5. Earliest Year/Latest Year <u>1995</u> to <u>PRESENT</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <u>Information on Businesses, etc After doing FIRE Safety inspections.</u>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			12. File Becomes Inactive After <u>INDEFINITE</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg. Floor, Room) <u>OPS OFFICE FILE CABINET</u>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <u>INDEFINITE</u> <u>1 YR</u>		
19. Name and Title of Preparer <u>Capt. [Signature]</u>					
20. Telephone Number <u>410-263-7995</u>				21. Date <u>8/13/96</u>	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>1</u> OF <u>1</u>	
<b>1. Department</b> <div style="font-size: 1.2em; font-family: cursive;">FIRE</div>		<b>2. Division</b> <div style="font-size: 1.2em; font-family: cursive;">SUPPRESSION</div>		<b>3. Unit</b> <div style="font-size: 1.2em; font-family: cursive;">STATION - TALS</div>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b> <div style="font-size: 1.2em; font-family: cursive;">SENIOR STATION OFFICERS MONTHLY REPORT</div>				<b>5. Earliest Year/Latest Year</b> <div style="font-size: 1.2em; font-family: cursive;">1975</div> to <div style="font-size: 1.2em; font-family: cursive;">present</div>	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <div style="font-size: 1.2em; font-family: cursive;">A REPORT PREPARED BY THE SENIOR STATION OFFICER ON CONDITION OF BLDG, APPARATUS, FORMS MANAGEMENT, ETC.</div>					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (Specify) _____ <div style="font-size: 1.2em; font-family: cursive;">SPECIFIED FOR PARTICULAR STATION</div>		<b>9. Volume</b> <div style="text-align: right; font-weight: bold;">Number</div> <div style="font-size: 1.2em; font-family: cursive;">1</div> <input checked="" type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly		<b>12. File Becomes Inactive After</b> <div style="font-size: 1.2em; font-family: cursive;">INDEFINITE</div> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) <div style="text-align: right; font-weight: bold;">Number</div>			
<b>13. Current Location(s)</b> (Bldg. Floor, Room) <div style="font-size: 1.2em; font-family: cursive;">STATION OFFICERS FILE CABINET</div>		<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <div style="font-size: 1.2em; font-family: cursive;">ORIGINAL TO DEPT CHIEF</div>			
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)		<b>16. Audit Requirements</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>18. Recommended Retention</b> <div style="font-size: 1.2em; font-family: cursive;">1 YEAR</div> <div style="font-size: 1.2em; font-family: cursive;">AS IS</div>			
<b>19. Name and Title of Preparer</b> <div style="font-size: 1.2em; font-family: cursive;">Capt [Signature]</div>					
<b>20. Telephone Number</b> <div style="font-size: 1.2em; font-family: cursive;">410-263-7975</div>				<b>21. Date</b> <div style="font-size: 1.2em; font-family: cursive;">8/13/96</div>	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE <u>1</u> OF <u>1</u>	
1. Department <i>FIRE</i>		2. Division <i>SUPPRESSION</i>		3. Unit <i>STATION - T A S</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>VEHICLE MAINTENANCE RECORDS</i>				5. Earliest Year/Latest Year <i>1995</i> to <i>Present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>COPIES OF VEHICLE SERVICE AND REPAIR RECORDS.</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (Specify) _____ <i>SPECIFIED FOR EACH VEHICLE</i>		9. Volume <div style="text-align: right;"><u>Number</u></div> <input type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly		12. File Becomes Inactive After <i>Indefinite</i> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number _____			
13. Current Location(s) (Bldg. Floor, Room) <i>STATION OFFICERS FILE CABINET</i>		14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>MAINTENANCE DIV.</i>			
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <i>AS LONG AS VEHICLE IS 1 YEAR ACTIVE OR RESERVE.</i>			
19. Name and Title of Preparer <i>CAPT SPARKER</i>					
20. Telephone Number <i>410-263-7975</i>				21. Date <i>8/13/96</i>	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE _____ OF _____	
1. Department <div style="text-align: center; font-size: 1.2em;">FIRE</div>		2. Division <div style="text-align: center; font-size: 1.2em;">SUPPRESSION</div>		3. Unit <div style="text-align: center; font-size: 1.2em;">STATION 35</div>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <div style="text-align: center; font-size: 1.2em;">STATION LOG</div>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">LOG SHEETS DETAILING DAILY STATION ACTIVITIES</div>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume <div style="text-align: right; font-weight: bold;">Number</div> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____ <hr/> 10. Annual Accumulation <div style="text-align: right; font-weight: bold;">Number</div> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <u>1</u> Number         </div> <div> <input type="checkbox"/> Month(s)    <input checked="" type="checkbox"/> Year(s)         </div> </div>		
13. Current Location(s) (Bldg. Floor, Room) <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">STATION 35 OPERATIONS OFFICE</div>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">12 MONTHS</div>		
19. Name and Title of Preparer <div style="text-align: center; font-size: 1.2em; margin-left: 100px;">CAPT M F ROGERS</div>					
20. Telephone Number <div style="text-align: center; font-size: 1.2em; margin-left: 100px;">268-7975</div>				21. Date <div style="text-align: center; font-size: 1.2em; margin-left: 20px;">8-21-96</div>	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE _____ OF _____	
<b>1. Department</b> <div style="text-align: center; font-size: 1.2em;">FIRE</div>		<b>2. Division</b> <div style="text-align: center; font-size: 1.2em;">SUPPRESSION</div>		<b>3. Unit</b> <div style="text-align: center; font-size: 1.2em;">STATION 35</div>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b> <div style="font-size: 1.2em;">DAILY PREVENTATIVE MAINTENANCE CHECK SHEET</div>				<b>5. Earliest Year/Latest Year</b> _____ to _____	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <div style="font-size: 1.2em; padding: 10px;">PM - CHECK SHEETS FOR EQUIPMENT HOUSED AT STATION 35</div>					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		<b>9. Volume</b> <div style="text-align: right; font-weight: bold;">Number</div> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____ <b>10. Annual Accumulation</b> <div style="text-align: right; font-weight: bold;">Number</div> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
<b>13. Current Location(s)</b> (Bldg. Floor, Room) <div style="font-size: 1.2em;">STATION 35 OPERATIONS OFFICE</div>			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b> <div style="font-size: 1.5em;">1 YR</div>		
<b>19. Name and Title of Preparer</b> CAPT M F ROGERS					
<b>20. Telephone Number</b> 268-7975				<b>21. Date</b> 8-21-96	



<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE _____ OF _____	
<b>1. Department</b> FIRE		<b>2. Division</b> SUPPRESSION		<b>3. Unit</b> STATION 35	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b> FIRE-SAFETY SURVEY REPORT				<b>5. Earliest Year/Latest Year</b> _____ to _____	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) RECORD OF INITIAL IN-SERVICE INSPECTIONS					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. Volume</b> <u>Number</u> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b> <u>Number</u> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) <u>Number</u>		
<b>13. Current Location(s)</b> (Bldg. Floor, Room) STATION 35 OPERATIONS OFFICE			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes FIRE MARSHAL'S OFFICE		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>18. Recommended Retention</b> 1 YR		
<b>19. Name and Title of Preparer</b> CAPT M F ROGERS					
<b>20. Telephone Number</b> 268-7975				<b>21. Date</b> 8-21-96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE _____ OF _____	
1. Department <div style="font-size: 1.2em; margin-top: 10px;">FIRE</div>		2. Division <div style="font-size: 1.2em; margin-top: 10px;">SUPPRESSION</div>		3. Unit <div style="font-size: 1.2em; margin-top: 10px;">STATION 35</div>	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <div style="font-size: 1.2em; margin-top: 10px;">GENERAL CORRESPONDENCE</div>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <div style="font-size: 1.2em; margin-top: 10px;">RECORDS OF CORRESPONDENCE BETWEEN STATION 35 AND OTHERS.</div>					
7. Record Series Format(s)  <div style="font-size: 0.8em;"> <input type="checkbox"/> Letter Size    <input type="checkbox"/> Micro Film  <input type="checkbox"/> Legal Size    <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Bound Book    <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Audio Tape    <input type="checkbox"/> Video Tape  <input checked="" type="checkbox"/> Other (Specify) _____  <div style="margin-top: 5px;">VARIOUS SIZES</div> </div>		8. Record Series Sequence  <div style="font-size: 0.8em;"> <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____         </div>		9. Volume  <div style="text-align: right; font-size: 0.8em; margin-bottom: 5px;"><u>Number</u></div> <div style="font-size: 0.8em;"> <input type="checkbox"/> File Drawer(s) _____  <input type="checkbox"/> Microfilm Reel(s) _____  <input type="checkbox"/> Computer Tape(s) _____  <input type="checkbox"/> Other (Specify) _____         </div>	
11. File is Used  <div style="font-size: 0.8em;"> <input type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input type="checkbox"/> Monthly         </div>		12. File Becomes Inactive After  <div style="font-size: 0.8em;">         _____ <input type="checkbox"/> Month(s)    <input type="checkbox"/> Year(s)          Number       </div>			
13. Current Location(s) (Bldg. Floor, Room) <div style="font-size: 1.2em; margin-top: 10px;">STATION 35 OPERATIONS OFFICE</div>		14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <div style="font-size: 0.8em;"> <input type="checkbox"/> No    <input type="checkbox"/> Yes         </div>			
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)		16. Audit Requirements  <div style="font-size: 0.8em;"> <input checked="" type="checkbox"/> None    <input type="checkbox"/> State    <input type="checkbox"/> Federal    <input type="checkbox"/> Independent         </div>			
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <div style="font-size: 0.8em;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No         </div>		18. Recommended Retention  <div style="font-size: 1.2em; margin-top: 10px;">36 MONTHS</div>			
19. Name and Title of Preparer <div style="font-size: 1.2em; margin-left: 20px;">CAPT MFR ROGERS</div>					
20. Telephone Number <div style="font-size: 1.2em; margin-left: 20px;">268-7975</div>				21. Date <div style="font-size: 1.2em; margin-left: 20px;">8-21-96</div>	